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ABSTRACT

This study of integrated day care in the province of Alberta, Canada, involved observations and interviews at preschool sites in Calgary and Edmonton. The discussion resulting from the Calgary visits considers: combining funding from a provincial agency with the availability of hospital-sponsored mobile clinical services to support integration in day care centers, homes, and other community-based services; qualifications and roles of special needs workers; additional funding to individual families; and financial incentives and other support for home-based providers. The discussion resulting from the Edmonton visits examines: brokering of two provincial agencies through a private nonprofit agency to support integration in day homes, day care centers, and nurseries; integrated early childhood services at a day care center; supervision of special needs workers; and a pilot integration project for out-of-school care for school-age children with disabilities. Five key lessons learned from the study include: (1) the key role of hospitals and medical practitioners; (2) the value of integrated services; (3) the importance of a well-trained staff; (4) the need for extra staffing for full integration; and (5) the need to shift resources (not allocate new resources) from segregated settings to integrated settings. (DB)

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Center for Research on Women

# DAY CARE IN ALBERTA, CANADA: OVERCOMING THE BARRIERS FOR CHILDREN WITH DISABILITIES

by Dale Borman Fink

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**Names of children have been changed to protect confidentiality--except when being discussed by their own parents, who consented to the use of their own and their children's names.**

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## BACKGROUND

### Reasons for the Study

This study of integrated day care in the province of Alberta, Canada, was taken up at a time when child care policies and services for young children with disabilities were in flux in the United States. With regard to the inclusion of children with disabilities in generic child care and early childhood settings in the United States, one found wide variation. Scattered across the country, there were some effective models; however, they were generally the product of individual innovation and commitment rather than public policy. Parents who applied for enrollment in such settings often faced discrimination if their children had anything more than the mildest of disabilities, whether physical, mental, medical or emotional. Even the applicability of Section 504 of the Rehabilitation Act of 1973 was not widely acknowledged in these settings; it was not unusual for organizations receiving federal funds, including school districts, to deny access to child care and after-school programs on the basis of disability.

The recognition of child care as a public policy issue reached new heights just before this study was conceived. At a time when budget deficits made most talk of new social programs un-thinkable, Congress passed (and the President signed) the Child Care and Development Block Grant of 1990, the first comprehensive federal child care legislation to be enacted since World War II. Furthermore, the legislation specified that states, in developing their plans for the new funding, should consider "children with special needs" as a priority. However, neither the new federal bill nor other similar initiatives enacted in some states and localities went beyond rhetoric to ensure that the families of children with disabilities would have equitable access to care arrangements for their children.

Meanwhile, the funding streams and public policies that supported various forms of intervention, treatment and instruction for children with disabilities led in most states and communities to the development of specialized programs and only seldom to participation in generic early childhood and child care environments. Programs and experiences which for non-disabled children had become a part of the fabric of American life remained out of reach of many children on account of their learning delays or disabilities. Meanwhile, states grappled with planning and implementation of Public Law 99-457, the initiative to provide early intervention and special education services to children under three years of age.

Simultaneously, the Americans with Disabilities Act (ADA) was passed in July 1990. The ADA specifically identified day care centers and nursery schools among the types of public accommodations which must stop discriminating against children on the basis of disabilities, effective in January, 1992. However, based on the history of Section 504, the enactment of an anti-discrimination law could not be expected automatically to bring about integration.

This research project, designed during this period of flux in American social policy on these matters, set out to examine how our counterparts in Canada (specifically, Alberta) have tried to overcome the barriers to integration in day care centers, after school centers and day care homes.

**Itinerary for the Study**

The province of Alberta was selected for the study because innovative activities in this area had come to the author's attention from several different sources over a period of time. A videotape obtained from the United States headquarters of the United Cerebral Palsy Associations (UCPA) and produced by the Canadian UCPA showcased the work in integrated day care settings of the Children's Mobile Team, based at Alberta Children's Hospital in Calgary. Independently, correspondence was carried out with Edmonton Social Services from the inception of their pilot integration project for after-school programs, beginning in 1989 (the name of the department was subsequently changed to Community and Family Services). The director of Edmonton Northwest Child Care Society was a presenter on integration at a conference attended by the author in 1989. Finally, the author was invited by the Children's Services Society, based in Red Deer, Alberta, to attend a province-wide conference in the spring of 1991 on the subject of integration in child care and other children's services.

The itinerary for the study was designed with the conference in Red Deer as the last stop on a one-week expedition. Two days of observations and interviews were scheduled in Calgary, with arrangements made by the Children's Mobile Team. Two days of observations and interviews were also scheduled in Edmonton. There, visits to preschool sites were arranged through Edmonton Northwest Child Care Society and visits to school-age (called "out-of-school") sites arranged through Edmonton Community and Family Services. In both communities, meetings with parents of children with disabilities and with policy-makers were scheduled in addition to observations of day care homes and centers. Finally, the conference in Red Deer afforded the opportunity to share thoughts and observations with many people and also to make contact with SpeciaLink, the national network of Canadian mainstream child care centers. This paper highlights aspects of the Albertan models which are the most worthy of emulation in the United States.

## CALGARY, ALBERTA

**How Funding from a Provincial Agency is Combined with the Availability of Mobile Clinical Services to Support Integration in Day Care Centers and Homes**

"In day care," says Theresa Borton, "the other kids accept him like there's nothing wrong with him. He has never been rejected." She is describing her son Ryan, who at age five and a half has had five operations due to his cerebral palsy and had to wear casts and use a wheelchair for the first time after his most recent operation, a rhizotomy (an operation on the spine). As for the effect of participation in regular day care on his developmental progress, she says, "in speech he was always slow. But as soon as he went to that day care, he caught up right away."

The day care center Ryan attended was at a local college in Calgary; it was recommended to her by the staff of the preschool neuromotor clinic that had seen him from the time his cerebral palsy was first spotted at the age of 10 months. The day care center included on its staff one "special needs worker," a position funded through the provincial Department of Family and Social Services at centers that have four or more children with identified special needs. In 1991 there were approximately 25 centers with special needs workers in the Calgary region contracted through this mechanism.

### Special Needs Workers

The special needs workers (sometimes called special needs coordinators) have at least two-year degrees either in early childhood education or rehabilitation, and are generally compensated at a level somewhat higher than teachers in the centers where they are employed. The role of the special needs workers is to work with all the children and the staff in ensuring the success of integration, not just the children with special needs. In a center with a hearing-impaired child, for instance, the special needs worker would not accompany the child in all activities, but might make it a point to sit near the child during a group circle time. They also act as liaisons with the children's parents and with therapists.

### Additional Funding to Individual Families

In addition to the services contracted to the centers (and, as we shall see, to day care homes as well), there is also additional help through a branch of Family and Social Services called Handicapped Children's Services. Here, funding is negotiated directly with the families, and the department has a great deal of flexibility in determining the nature of services that can be funded. For instance, they may pay for an aide to accompany the child at a center that does not have a contract for a special needs worker, or to support a child who needs more one-on-one attention than is available from the special needs worker. Additionally, in the case of a parent who is not employed and therefore is not eligible for a subsidized slot in a child care program, they may pay the costs of care, in the interest of the child's growth and development.

One recipient of help from Handicapped Children's Services was Lin Hermanson, whose son with Down Syndrome was two years old when she looked into day care for the first time. "We wanted him to have kids to play with. We hoped he'd see all these kids walking and he'd want to walk too," she says. To most parents in America, such a vision sounds like only a dream--perhaps even a dream rooted in denial and in unreasonable, unrealistic expectations. But for this Canadian couple it came true. Ryan attended what she described as a "wonderful" day care center--with goats, pigs, and horses, on ten acres. With funding from Handicapped Children's Services, the program hired an aide to do intensive work with him on gross motor activities twice a week for two hours. A clinician from Children's Mobile Team (about whom we shall learn in a moment) provided informal consultation to the day care staff. Over the next several years, Ryan participated successfully in other generic child care environments, including a licensed day home and a nursery school.

**Children's Mobile Team**

Many of the children with disabilities who are enrolled in day care centers or day homes need not only the extra staffing and supervision that is made available through special needs workers and through Handicapped Children's Services; they also need various types of therapy. An important part of the picture of integrated child care, then, is the Children's Mobile Team, which operates out of Alberta Children's Hospital and makes possible the delivery of clinical services to children in a wide variety of community-based settings, including nurseries, child care centers, day homes, and their own homes.

What is the Children's Mobile Team? It is a program housed within and funded by the Community Outreach division of Alberta Children's Hospital, consisting of several transdisciplinary teams of clinicians whose services are delivered to children in a wide variety of community settings. The Mobile Team Program grew out of a federally-funded demonstration project begun in 1974 when a group of parents from the Calgary Cerebral Palsy Association requested that their children be transferred from a hospital kindergarten program to community-based services. The teams originally included psychologists as well as speech, occupational and physiotherapists. Presently, the teams have access to consultation from a psychologist and social worker, but only the other three specialties are included in the three outreach teams on staff in 1991. The three teams served an average caseload of approximately 144 children from infancy to age 12 during the year 1990-91.

The teams provide direct treatment to children but the emphasis is on collaborative work with the staffs of the community-based non-specialized settings as well as education of the parents so that those spending time caring for the children every day will be able to integrate the therapeutic goals into everyday practice. Thus, the clinicians share knowledge and skills and model behavior for the parents, day home providers and child care and nursery school staff. The teams spend some of their days

each week together making visits as a team and other days making individual visits to children on their caseload and holding discussions with parents, home providers and program staff.

**Mobile Services at a Child Care Center**

Dina Khory, the special needs coordinator at Chinook Child Care in Calgary, greets the three members of the Mobile Team when they arrive for a visit on a Tuesday morning. Almost immediately, the three clinicians spread out into different areas of the day care center, which is housed on two floors of a renovated private home. The physiotherapist spends her first half hour working one-on-one with a boy with cerebral palsy who has recently had surgery. His mother, who has arranged in advance to meet the Mobile Team here, sits on the floor watching the exercises and chatting with the physiotherapist about how things are going with him at home. The therapist involves another (non-disabled) child in part of the therapy session.

Meanwhile, the speech pathologist and occupational therapist confer with Dina Khory to find out how well the staff is doing on the follow-up activities discussed on a previous visit. One child, for instance, has drawn pictures of people--something he had not done before--since their last visit; Ms. Khory has held these pictures aside so the clinicians could get a look at them. After these conversations, the two therapists go on to observe part of the large group morning circle time and then, as a variety of child-centered activities get underway, begin working with children individually.

The philosophy of the Mobile Team program is to deliver the services to children in the fully integrated setting; however, they take the particular needs and personality of the child and type of therapy being conducted into account. The two therapists take one three year old boy to a resource room by himself because they have found him to be too easily distracted when other children are around. They involve him in manipulating and talking about the characters on a felt board. At one point, responding to the speech pathologist, the boy points to a figure and says, "he's running." She later observes that it's the first time she has ever heard him use a pronoun.

Typical is the way the physiotherapist works with a two and a half year old girl in the toddler room. Instead of singling her out, the therapist sets up a ball-rolling activity a few feet away. Because the girl seems to be "hiding" within a large, semi-enclosed plastic cube, the therapist doesn't even try to speak to her at first, but plays with other children who are interested in the ball. She continues to play with other children while watching for signs of interest on the part of the target child, who has major developmental delays of unknown origin. (The girl is a Soviet immigrant whose parents reported that her developmental problems were of unknown origin.) Once the girl's face shows some interest, the therapist scoots closer to her and involves her directly in the activity. By the end of 15 minutes, the therapist is sitting halfway inside the plastic cube herself, and she stays there, passing the ball back and forth, for as long as she is able to sustain the child's interest.

## Financial Incentives and Other Support for Home-based Providers

In addition to child care centers, Family and Social Services contracts with two agencies in Calgary that supervise licensed day homes (the equivalent of American family day care homes). In these cases, there is one special needs worker on the agency's staff who spends time with providers in a number of different homes. Some homes enroll just one child with identified special needs; others may enroll more. The contract from Family and Social Services not only covers the salary of the roving special needs worker but also allows for the payment of a stipend to each home provider that is serving children with disabilities. The amount received by the providers increases with the severity of the disabilities of the children they are serving. The extra funds make it possible for providers to reduce the number of children they serve in order to accommodate the needs of a child with severe disabilities without having to make a great economic sacrifice--though regulations do not require any change in the number of children enrolled. If a child attending a day home requires therapy, this takes place at the day home and is also arranged through the contracting agency.

Catherine (not her real name) is a day home provider who has agreed to take Fergie, a three-year old with severe behavior problems, into her home. Fergie's behaviors had become unmanageable at a local child care center which was specifically designed to serve children referred for psychiatric reasons. To help her cope with Fergie, she receives regular visits from Barbara Shaefer, the day home special needs coordinator from Davar Day Care. (Davar has an on-site center and also manages a network of day homes, including many that accept children with special needs.) Shaefer in turn has arranged for regular visits to the home by one of the child care teachers from the Salvation Army Children's Village--where Fergie used to attend. His behavior improved for the first several months when he made the transition from the center to the day home. Lately, however, he has regressed; he pulled a knife from the dishwasher and threatened Catherine's husband with it. There is ongoing discussion of his behavior and how to manage it, and of the possibility that he could go back to the center. (Shaefer says that if he cannot succeed in this day home, with Catherine's strict rules and behavior modification approach, she would not place him in any other day home.)

## Mobile Services at a Day Home

Anne Siemens operates a day home visited by the Children's Mobile Team. She had planned to begin operating a day home while anticipating the birth of her second child. Once Caitlyn was born, and it turned out that she was hearing-impaired and had motor problems on one side of her body as a result of a stroke suffered prenatally, Anne and her husband decided there was still no reason to change those plans. "Having the other kids around has helped me a lot--someone is always talking to Caitlyn." Still, arranging for Caitlyn's therapy was not easy; for several months, Siemens paid a neighbor to take charge of the other children in her home while she took Caitlyn to the hospital every Monday. This became unnecessary when she learned about the Children's Mobile Team and was able to get them to do the therapies in the home. It's not only

better for her but for Caitlyn: "she is far more relaxed--she gets so much more out of it."

Integrating the services into the day home also reduced the extent to which Caitlyn was stigmatized for her developmental differences. One of the other children who attended her home, Ms. Siemens learned, was scared to be around Caitlyn because he knew that she went once a week to the hospital. "He thought she had something that he could catch." It was only after the hospital visits were replaced with home visits that the child's mother told Ms. Siemens of her son's anxieties.

## EDMONTON, ALBERTA

**How Funding from Two Provincial Agencies is Brokered Through a Private Nonprofit Agency to Support Integration in Day Homes, Day Care Centers and Nurseries**

Alberta Family and Social Services contracts directly with more than 25 agencies in the Calgary region, as discussed above. But the department has developed a different administrative model of support for integration in the Edmonton region. Since 1987, they have contracted with a private, nonprofit agency to broker the available funds and act as the direct link to the other service providers involved in integration. The agency which has held the contract since this new approach was inaugurated (called Early Childhood Options, or ECO) is Edmonton Northwest Child Care Society (ENCCS), a non-profit organization which also operates its own preschool and out-of-school day care programs.

Families whose children are under six years and have physical, sensory or communication disabilities, developmental delays or hyperactivity (diagnosed by a neurologist or psychiatrist) are eligible to participate in ECO. Staff discuss with each family the range of placements available, including day homes, day care centers and playschools and assist the family in choosing the setting they prefer. They then work with the family to develop an Individual Early Childhood Plan (IECP) which specifies what supports are necessary for a successful integrated experience. They then develop a contract and work with the family and the contracted agency to implement and monitor the plan. The contract may include any of the following: extra staff; clinicians or other special services if not available through another source; inservice training for families and/or staff; special equipment. Families pay fees for the programs just as they would if they were not in the ECO program. If they are eligible for subsidies based on their income level, they apply for them through the same process as families of non-disabled children. If they need help with transportation, they can apply for help through Handicapped Children's Services.

In order to participate in ECO, day care centers have to not only meet the legally mandatory regulations of the province but also pass a "standards check" developed and conducted by ENCCS. The first requirement of the standards check is that at least 50% of the classroom staff must have (two-year) early childhood development diplomas. In addition, programs must score above a minimum number of points on a series of other quality checks, which cover such matters as staff development, staff turnover, and the availability of staff planning time. (For instance, points are awarded if staff without early childhood diplomas are involved in ongoing training and if staff meetings are held weekly.)

In addition to the Early Childhood Options program, ENCCS also receives funding from the provincial department of education--Alberta Education--to provide for integrated, community-based ECS (Early Childhood Services; the Canadian equivalent of kindergarten) for children with severe developmental delays. All the same supports are available to children who participate in the integrated ECS placements as for those in ECO, including additional staffing and clinical services. When clinical services are part

of the child's plan, they are not delivered in resource rooms but alongside the other children in the integrated setting. While the ECO and ECS funds are contracted and administered separately from one another, the implementation of the two programs by ENCCS appears to offer at the point of service delivery a continuum of support for integration, without duplication, overlap or any complicated bureaucratic obligations imposed on the community-based setting.

**Early Childhood Options and Integrated ECS at a Day Care Center**

Lansdowne Day Care occupies a sizable wing of a public school building. Children attend four play rooms; groupings are family-style, with the 16 children in each room spanning an age range from two and one-half to six years. The rooms each have three regular staff, whose overlapping shifts cover a ten-hour day. These ratios are augmented in three of the rooms by the addition of "key workers" paid out of funding from ENCCS to assist with children participating in either the Early Childhood Options program or the Integrated ECS program.

The number of hours for which a key worker is contracted varies with the number of hours the child attends and the level of the child's need for support. Jeremy needs someone to attend to him all day long--a responsibility which the regular staff and the "key worker" in that room rotate over the course of each day. But Michael and Carrie need support only for specific hours; for instance, to provide an extra person during certain activity periods or to help with transition times.

Michael's mother, Yvonne Brown, reports that she was not really interested in having her son attend an integrated day care center. She had been very happy with two day homes which she had used in combination with early intervention workers who saw Michael twice a month at home and twice a month in the day home setting. Unfortunately, the first day home provider suddenly died, and the second one decided to go out of business. When the coordinator of Early Childhood Options recommended placement of Michael (who has Down Syndrome and who was then three and one-half) at Lansdowne, she accepted only on a trial basis.

It wasn't until three weeks after Michael started at Lansdowne that the meeting was held to finalize his IECP. For Ms. Brown's convenience, the meeting was held at her home. In attendance were the director of Lansdowne Day Care, the coordinator of Early Childhood Options for ENCCS, and the entire staff of Michael's play room at Lansdowne. (If she had wanted, someone from the early intervention program could have been there as well.)

Ms. Brown reports that from the time of that meeting, she no longer considered integrated day care to be just a trial; she became a believer. "I could see they were really good. All of the feedback was so positive and so specific. They set up a plan for every half hour for potty training...they were far more committed than I had ever been--not that the early intervention people hadn't suggested this sort of thing." Michael

continued to go for two and one-half hours a day to a segregated, public school-sponsored program where he received intensive special education, physiotherapy, speech therapy, etc. "As far as I'm concerned, now I've got the best of both worlds."

In Room A at Lansdowne Day Care, Michael, who is now four years old, sits close to two boys who are playing near the back door of the classroom. The staff and the "key worker" are spread out among a variety of child-centered activities; none of them are near Michael at the moment. The two boys that Michael is watching are discussing playing hockey "in a hockey rink with no ice" and other things they like to do when they go out through the door to "the big park." Last time they played hockey, they tell a visitor, "Michael was pushing us." Seemingly listening to their conversation and taken with the thought of going through the door, Michael begins climbing up onto the wide door handle. The two boys say, "Michael, don't climb on the door handle."

Michael finds his way over to a table where one of the teachers has set out some plasticene ("clay"). He picks up a scissors and tries to cut a piece of plasticene. Shelley, one of the staff, immediately begins to engage him, commenting on what he is doing and encouraging him to continue. "Cut, cut , cut!" She also tries to get a couple of other children to join in and try cutting the plasticene with a scissors. Michael vocalizes some sounds and Shelley continues a running patter with him and also with the other children at the same table. Occasionally, she directs him to repeat something after her: "tell him, 'that's mine!'"

Meanwhile, in Room B, Carrie, a five year old with Down Syndrome (and a participant in ECS), is constructing something out of tinker toys on a table. Edith is the "key worker" for Carrie; however, it is one of the regular early childhood staff, Ruth, who is working closely with Carrie at the moment while Edith helps out in another area of the room. This is in keeping with the general philosophy of both ECO and integrated ECS: the "key workers" are there to assist with all the children--not simply to act as aides to the children with delays or disabilities.

Ruth leaves Carrie to continue on her own briefly. Carrie calls out "Edith!" and brings her construction over to another table near Edith. Carrie says she's making a bridge. "I did it!" she congratulates herself.

Soon Carrie's even-tempered mood turns stormy for no obvious reason. She hits a child who happened to be walking near her, and shortly after Edith finishes talking to her about that, she pinches another child who is sitting and playing music on a keyboard. Encouraged by the teacher to respond, the keyboard player says loudly, "I do not like that!"

It is soon time to go out on the playground; there, Carrie is a bit aloof from other children's play, until she fastens onto Michael. Michael seems willing to let her order him around in a friendly but forceful manner, until he leaves her to get in line behind the children going down the slide. With no prompting from anyone, he slowly mounts the steps and takes his turn, sliding down the slick surface only to be dropped happily into the sand at the bottom.

Yvonne Brown would not be surprised to see her son getting in line by himself. She reports that she hears him attempting more vocal sounds, being more assertive, and taking much more initiative since he started attending the integrated day care setting. She encourages the vocalizing even if she cannot understand the words. And she is delighted with him taking the initiative. At home, for instance, he wanted his own rake when she and her husband were out working in the yard.

**Supervision of Special Needs Workers**

Walking into the Oliver School in Edmonton, one encounters the head of a moose on the wall. The inquisitive visitor will be informed that this moose was brought down on the grounds of the school in 1926. Since 1980, families have found a new inhabitant of the school: the Oliver School Center for Children. The day care center occupies one wing of the main floor for its preschool (ages two and up) and two large basement rooms for its after school component.

At the Oliver Center, a city-sponsored program, the majority of the clientele have low incomes and qualify for subsidized care. The center also has a commitment to inclusion of children with disabilities. It is one of the programs that provides integrated ECS placements in collaboration with ENCCS for several children.

To facilitate the ECS placement of Jacques, a boy with multiple developmental delays, ENCCS pays for a "key worker," Liz. Wendy, the ECS teacher for ENCCS, makes a once-a-week visit, including 30 minutes of classroom observation and a 30 minute supervision meeting with Liz.

Since Wendy's visit last week, she knows that the speech therapist has come in and offered some new ideas. Part of the meeting consists in discussing those ideas with Liz: do they seem to be relevant to day-to-day situations? How are they being implemented? Liz tells her that she is now helping Jacques practice articulation of an agreed-upon list of words. She has word/picture cards that she uses to cue him in. "The other children would say the words for him if they were around," so she has begun to take him into a private area to do the exercise.

Later, Wendy has her supervision meeting with Judy, the key worker for Amanda, a girl with severe behavior problems and very limited communication skills. Judy updates Wendy, telling her that most of Amanda's aggressive behaviors lately "have been pushing. She hasn't been doing any hair pulling or scratching. In fact, this morning she twirled A.'s hair. I sat and watched because that's one of the kids whose hair she used to pull. But she didn't. She was fine." There is a discussion about what situations seem to give rise to incidents of aggression. "Whenever there is a change in routine, that seems to be a problem." At this point, the center director, who has briefly joined the meeting, points out that there is a new baby in Amanda's foster home (an infant with multiple disabilities): "we're going to see some new steps backwards."

They discuss the effectiveness of the symbol cards they have recently created to help Amanda to communicate. For instance, they have taped a drawing of a cup near the sink. She can point to it if she wants a drink of water. To indicate that it's time to go home, Judy has recently substituted a picture of a taxi cab (which is how Amanda gets home) instead of a picture of a house, which Amanda did not seem to understand.

They also discuss the use of isolation as a consequence for aggressive behavior. Apparently, Judy did not have the same understanding from previous discussions as Wendy about when this consequence would be imposed; they discuss it and arrive at a clear agreement.

Back in the classroom, it is story time. While the other children sit in a circle paying attention to the book, Amanda is allowed to wander around the room, eyeing the tables which are being set up for lunch.

## EDMONTON, ALBERTA

**The City Conducts a Pilot Integration Project for Out-Of-School Care for School-Age Children with Disabilities**

Edmonton Community and Family Services received requests in 1988 indicating that an increasing number of families of school-age children with disabilities were in need of care during the out-of-school hours. So lacking in adequate care arrangements were some families that they opted for special education placements on the other side of the city just so that their children would spend more time on busses--giving the parents more time to get home from work. As a result of these requests, a research and pilot program was created to attempt to identify the needs and develop expanded care options. One of the objectives was to place 24 school-age children with special needs into 8 out-of-school care programs. The project design included training and technical assistance for care providers and advocacy for children and families. The project paid for one additional staff member at each of the participating pilot sites. The funding came from the federal Department of Health and Welfare.

The Original Out of School Care Center is a privately owned program which participates in the pilot integration project. There are 33 children enrolled, from kindergarten to grade five. The staffing is three teachers, plus the director and the special needs worker funded through Edmonton Community and Family Services pilot project. The program is very child-centered, with a wide variety of indoor and outdoor activities going on simultaneously, some initiated by staff and others by children. In the early spring, at the time of the study visit, some children are digging in the ground and getting ready to plant a garden.

Tammy P., the special needs worker, is intimately familiar with the way things are done at The Original. She worked here afternoons for four years while getting her special education degree. As the children arrive, Tammy checks the communication book kept in the backpack of Daniel, a seven year old boy who arrives in a wheelchair. She exchanges information with Daniel's school teacher through this book. She also checks his lunchbox to confirm that they remembered to give him his 2:30 medication before he left school (if not, she will).

Tammy spends most of her time with the two children who arrive in wheelchairs, Daniel and a nine year old girl with multiple disabilities named Belinda. Both of them are able, with assistance, to spend some of their time out of their wheelchairs. The third child is able-bodied with emotional and behavioral special needs, and moves about with much less attention from Tammy. He spends some of his time stationing himself near other children, holding onto a toy trumpet, which he occasionally blows.

Tammy encourages Jenny, a non-disabled girl, to get involved with Belinda. Jenny helps Belinda, who is visually impaired, grasp crayons and color on a piece of paper on the tray attached in front of her. Another girl comes over, and says, "Aren't you gonna play school with me, Jenny?" "No, I'm helping Belinda."

Meanwhile, Daniel is at the water table. A nine year old boy, Courtney, plays next to him, at one point putting his arm around him. Daniel's mother, Linda Hughes, says that since Daniel started going to The Original, other children are cultivating him as a friend for the first time. He is getting telephone calls from non-disabled peers. Some of them have come over and asked if they could take Daniel out for a walk.

Linda Hughes is single, goes to school and has one other child. She knows other parents who have had to quit working because of the lack of care for children with disabilities. She has joined a group called Integration Action and sees Daniel's experience in this program as a good example of what could be available for children all over the province.

## KEY LESSONS LEARNED

1. Hospitals and medical practitioners involved in the diagnosis of children's disabilities are potentially key players in referrals to mainstreamed, community-based educational and child care settings.

Families of children with disabilities--both in the United States and Canada--place a great deal of credence in the advice of physicians and other practitioners associated with medical facilities. Not only do they have their "professional pedigree" to lend them credibility but these practitioners help shepherd families through the often painful experience of first acknowledging the disabilities, either at birth or at a later stage in the child's development. Once having been through those anxious days, weeks, or months together, there is an emotional as well as professional bond and a deep sense of trust. Thus families are more likely to feel comfortable with integrated settings for their children when these practitioners make the referral and/or when there is a tangible connection between the integrated setting and the medical center or medical-related practitioner.

One parent reported that a social worker paid a visit to her in the maternity ward 15 minutes after she was told about her child's disability--when the child was one day old. The purpose of the visit was to support her at a time when she could have felt overwhelmed by the news and to inform her about various options for early childhood services. Among those described were integrated options, allowing her to understand from the very beginning that her child's disabilities did not preclude participation in the types of settings that other people's children attended. She really appreciated this, and because she received the information from someone in the hospital it gave her confidence that all the options, including integration, were approved by the medical authorities--something she would not have assumed if she had heard about it later on from a different source.

Other parents interviewed also reported that they were much more confident that their child could be mainstreamed if someone from a clinic (such as a neurologist) was the one that referred them to an integrated setting.

2. The delivery of clinical services by specialists in non-clinical, integrated educational and child care settings offer important advantages to children with disabilities, to their families, and to the partner agencies where the services are delivered.

Mary Sylvaniuk said that when her son came to the hospital (before the Children's Mobile Team began conducting therapies at home), "he would shut himself off, as far as doing exercises. I tried to tell them that he was doing better at home, but they were very skeptical. He would hear the doctor's voice that saw him for his shunt and once he heard that voice..." he was too overcome with fear and anxiety to have a productive therapy session. Receiving the clinical visits at home was much more successful for him and for her. Other parents confirmed that their children accomplished more in therapy when it was delivered either at home, in a day home, or in a day care center than when

the child had to be brought to the clinical setting. They also agreed that it reduced stress on themselves--making it unnecessary to arrange for baby-sitters for other children, to find and pay for parking, and other problems.

Key informants in Calgary reported that the presence of the Children's Mobile Team over a period of years has helped to cultivate a large number of child care centers with expertise in and commitment to children with disabilities. The benefits of their work in a given setting outlasted their contact with a particular child, as staff members became more enlightened and sensitized to the special needs of various children.

In Alberta, publicly funded clinical services can be delivered to children in any care setting selected by the family--even an unlicensed day home. Policy-makers in the United States might not choose to go that far. However, current laws and regulations in most states result in most children getting these services only in their own homes or in specialized settings.

3. In order for a generic early childhood setting to be an appropriate environment for a child with disabilities and a likely venue for successful integration, there needs to be an overriding commitment to quality early childhood education for all children. A key component of this is a properly trained staff.

As reported, day care centers participating in the Early Childhood Options program in Edmonton have to pass a "standards check." These standards do not relate to special education but to early childhood education. At least 50% of the staff must have two-year degrees in early childhood, and programs earn additional points to pass the standards check for such program components as holding weekly staff meetings and providing paid staff planning time--indispensable elements of effective integration.

4. To achieve full integration, day care centers and homes require a combination of extra staffing, regular on-site consultation and access to clinical services.

The lack of any one of these three elements can keep integration from being successful. For the child who needs physical, occupational, or speech therapy, the provision of such specialized services at the day care center or home is an essential component of the integration experience. However, the weekly or twice weekly visits of a therapist should not be considered as a substitute for the ongoing support provided by extra staff and/or a consulting teacher. Special needs workers need the ongoing supervision and feedback provided by a consultant. The regular visits of a consultant not only provide the special needs worker with ideas and support, but also help to invest that worker with additional authority to act as advocate and instructor toward the rest of the staff in regard to the accommodations they may need to make for the child with disabilities. On the other hand, intermittent visits of a consulting specialist are not sufficient without a designated "key worker" on site--unless the child's disabilities are very mild.

5. Integration mostly requires a shifting of resources from segregated settings--not the allocation of brand new resources.

This research project did not attempt to assess the costs of integration efforts in Alberta's child care settings nor to project the possible costs of initiating similar practices in the United States. However, it is clear that what has generally been involved is a shifting of resources, rather than an allocation of an altogether new resource. The cost of delivery of mobile clinical services, according to those we interviewed, is only marginally higher than the delivery of those services in a centralized setting. Similarly, if the province had not paid for "key workers" and on-site professional supervision in the settings we observed, the same children would have attended specialized, segregated settings, with per-child costs at least as high or higher. Of the models we observed, only the out-of-school pilot program could be said to require a completely new allocation, since these children would not have been legally entitled to a program after the school day was completed. But it would be short-sighted to view this only as a cost and not as a benefit. Clearly, the program enables parents (such as Linda Hughes) to return to school and/or participate in the work force, with corresponding payoffs for the economy.